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## APPLICANTS

David Chao Hua Wu, San Diego, CA;

\*\* CONTINUING DATA \*\*\*\*\* CD NO\*\* FOREIGN APPLICATIONS \*\*\*\*\* CD NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS <u>20</u> <u>11</u>	INDEPENDENT CLAIMS <u>4</u> <u>3</u>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>CD</u>				

## ADDRESS

26111

## TITLE

System and method for approximating division

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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